

Health and Human Services Agency

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Health and Human Services Agency Summary



Agency Description

The Health and Human Services Agency provides a broad range of health and social services, promoting wellness, self-sufficiency, and a better quality of life for all residents. Clients include: indigent or low-income individuals who receive health and behavioral health care; seniors needing in-home help to maintain their independence; abused and neglected children and seniors; families transitioning from welfare to work; and the general public that relies on government for health education and coordination of regional responses to public health threats and other emergencies. Organized into six geographic regions, the Agency's service delivery system reflects a community-based approach using public-private partnerships to meet the needs of families in San Diego County.

Mission Statement

To make people's lives safer, healthier and self-sufficient by managing essential services.

2002-03 Accomplishments

Self Sufficiency

- Expanded the number of residents from 55 to 105 at the San Pasqual Academy, a state-of-the-art residential education campus for foster care youth. Provided an Advanced Emancipation Program, a Work Readiness Program, and an Intergenerational Mentoring Program, pairing youth with senior mentors.
- Recalculated the 60-month CalWORKs time limits for 2,363 individuals based on new State instructions to continue assistance for working families for the maximum period allowed by law.
- Stabilized the average daily population at the Polinsky Children's Center at 127 children, significantly lower than the population levels during the prior three fiscal years.
- Continued to assist with implementation activities for the In-Home Supportive Services (IHSS) Public Authority.

- Informed all Public Assistance and Medi-Cal recipients in the County (an estimated 300,000 people) on how to apply for the Earned Income Tax Credit (EITC) through the Federal Internal Revenue Service.

Health and Wellness

- Achieved 11 of 14 Center for Disease Control critical benchmarks for bioterrorism planning and response indicators of the County's core expertise and infrastructure to prepare and respond to bioterrorism, infectious disease outbreaks, and other public health threats and emergencies.
- Immunized 5,400 young children through the regional public health centers, achieving a center coverage rate for young children of 84%. This is a significantly higher immunization coverage rate compared to last year when the coverage rate was 70%.
- Continued to expand Children's Mental Health Services system capacity by 7.6% to serve a total of 16,173 children.
- Continued implementing the regional integrated Adult/Older Adult mental health services system redesign—operationalized in East region, developed Statements of



Health and Human Services Agency Summary

Work for the Central and North Central Region's procurements, and began planning for the South Region procurement.

- Funded three community-based agencies for childhood obesity prevention education to at-risk populations, and implemented a public health campaign to increase the number of physicians, and their patients and families, who use best practices to manage children with asthma.
- Increased Medi-Cal enrollment Countywide by 8%, from about 242,000 to 262,000, through aggressive outreach efforts in the Agency's regional public health and family resource centers.
- Expanded eligibility criteria to provide health care services to 2,500 individuals with net monthly income between \$600 and \$802 through the County Medical Services (CMS) program.
- Increased the number of clients served in residential and nonresidential treatment for substance abuse problems by 10%, from 17,907 to 19,644.

Crime Prevention

- In collaboration with the Public Safety Group, provided Proposition 36 treatment services to 3,500 eligible County probationers and State parolees in lieu of incarceration and provided substance abuse treatment to an additional 1,500 probationers and parolees.
- Provided Juvenile Diversion services to 4,268 at-risk youth, and 81% of these youth had no subsequent contact with the juvenile justice system one year after services ended.
- In conjunction with the District Attorney, Medical Examiner and other community partners developed an Elder Death Review Team to review suspicious deaths and educate all partners about identifying seniors who are at risk.

- Implemented a Behavioral Healthcare Steering Committee to improve service integration for clients dually diagnosed with serious mental illness and substance abuse problems.
- Jointly developed, with the Public Safety Group, a model State agreement and Memorandum of Understanding for implementing the Board approved Strategic Plan for the Treatment and Supervision of Sexually Violent Predators in San Diego County.
- Through Domestic Violence Response Teams, responded to over 90% of more than 400 domestic violence calls when contacted by the designated law enforcement agency.

2003-05 Objectives

Strategic Initiative – Kids

- Achieve a high level (85%) of immunization of children (ages 19 months up to 36 months) served by the public health centers.
- Increase by 2% the number of children enrolled in Medi-Cal and Healthy Families health coverage, an additional 4,400 children over the 220,000 currently enrolled.
- Ensure a minimum of 70% of up to 200 children served by the Children's Mental Health Services Initiative avoid out-of-home placement.
- Sustain a high percentage (90%) of Welfare to Work participants who exit CalWORKs cash assistance due to earnings or employment and remain off aid for six months.
- Increase the percentage of foster children in 12th grade who graduate with a high school diploma or equivalent from 70% to 72%.



Strategic Initiative – Safe and Livable Communities

- Achieve all 14 Center for Disease Control critical benchmarks for bioterrorism preparedness
- Achieve and maintain a 92% accuracy rate in Food Stamp benefits issued.
- Provide eligible adults timely access to mental health outpatient treatment (within 28 days).
- Ensure that 70% of an estimated 600 Tuberculosis (TB) infected contacts begin and complete treatment.
- Ensure that 40% of Proposition 36 clients in treatment at least four months successfully complete substance abuse treatment.
- Ensure that no more than 25% of up to 8,000 Adult Protective Services cases referred annually are re-referred.

Changes from 2002-03 Adopted

OVERVIEW

The Fiscal Year 2003-04 Operational Plan includes appropriations of \$1.4 billion, approximately the same level as FY 2002-03. The plan includes reductions and shifts in the utilization of all resources due primarily to the limitations of State and Federal funding.

With the State facing a budget deficit estimated at over \$34 billion with no clear mitigation plan, and an ailing economy, the Operational Plan assumes either reductions or no growth in most State and Federal allocations that support the majority of the Health and Human Services Agency's programs. This is in sharp contrast to most prior years where anticipated growth in these allocations was available to fund increased operating costs. This is the third year that cost of doing business is increasing and revenue allocations for caseload growth have not been included in most State funding sources.

Significant changes include a reduction of 182 staff years and a proportionate reduction in contracted services. With the State Budget situation still unresolved, it may be necessary to address additional changes throughout the year. In addition, 178 positions will be frozen pending the evaluation of ongoing funding sources.

Realignment Funding Changes

The State legislature realigned various Health, Mental Health, and Social Services programs in 1991, which shifted a larger share of financial responsibility for these programs to counties. To fund these increased costs, counties received dedicated sales tax revenues and motor vehicle license fees, which comprise what is known as realignment funding. Growth in this funding source was intended to be sufficient to fund ongoing costs and caseload growth in these realigned programs.

Due to the continued slow economy, this revenue source has not kept pace with program growth and is projected to increase minimally for Fiscal Year 2003-04. This is the second consecutive year that realignment revenue has not been sufficient to fund the growth of mandated entitlement programs.

Tobacco Settlement Funds

The securitization of Tobacco Settlement funds provides \$29.4 million annually to the County of San Diego for a 25-year period. The Special Revenue fund reflects this amount for Fiscal Year 2003-04 as well as interest earnings and anticipated fund balance available.



Health and Human Services Agency Summary

Staffing by Department

	Fiscal Year 2002-2003 Adopted Budget	Fiscal Year 2003-2004 Proposed Budget	% Change	Fiscal Year 2004-2005 Proposed Budget	% Change
Illness Prevention and Independence	1,422.07	1,386.24	(2.52)	1,384.74	(0.11)
Self Sufficiency and Personal Responsibility	1,968.24	1,728.91	(12.16)	1,728.91	0.00
Safe Communities	1,579.00	1,636.25	3.63	1,604.75	(1.93)
Healthy Communities	560.17	621.87	11.01	621.87	0.00
Healthy Behavior and Lifestyles	82.00	83.00	1.22	83.00	0.00
Administrative Support	625.25	598.00	(4.36)	598.00	0.00
Total	6,236.73	6,054.27	(2.93)	6,021.27	(0.55)

Expenditures by Department

	Fiscal Year 2002-2003 Adopted Budget	Fiscal Year 2003-2004 Proposed Budget	% Change	Fiscal Year 2004-2005 Proposed Budget	% Change
Illness Prevention and Independence	\$ 490,280,027	\$ 458,039,385	(6.58)	\$ 460,623,478	0.56
Self Sufficiency and Personal Responsibility	427,379,117	371,498,880	(13.08)	377,072,098	1.50
Safe Communities	168,885,928	283,752,073	68.01	287,348,994	1.27
Healthy Communities	145,726,467	149,929,204	2.88	152,257,705	1.55
Healthy Behavior and Lifestyles	62,860,986	57,171,126	(9.05)	54,222,102	(5.16)
Administrative Support	124,299,009	102,192,551	(17.78)	88,389,705	(13.51)
Realignment Revenue Funds	281,132,864	281,603,984	0.17	282,907,632	0.46
Tobacco Settlement Funds	29,400,000	39,325,020	33.76	30,215,576	(23.16)
Total	\$ 1,729,964,398	\$ 1,743,512,223	0.78	\$ 1,733,037,290	(0.60)

Illness Prevention and Independence



Program Description

This program provides a number of direct treatment and case management services, and coordinates and administers the delivery of various contracted services. Major services include Adult Mental Health Services, Children's Mental Health Services, California Children's Services, and Aging and Independence Services, including In-Home Supportive Services (IHSS) for the aged and disabled, nutrition, specialized nursing and rehabilitation services (Edgemoor Skilled Nursing Facility), and Public Administrator/Guardian services.

Mission Statement

To treat illness and promote the independence of vulnerable adults, children and adolescents, the aged, and the disabled.

2002-03 Accomplishments

Self Sufficiency

- Continued to assist with the implementation the In-Home Supportive Services (IHSS) Public Authority benefiting those who provide in-home assistance to low-income seniors and people with disabilities.
- Continued to improve the automation of the IHSS program. Participated in a statewide task force to identify the scope of services for a new statewide automated IHSS payroll system.
- Transitioned intake for all IHSS district offices to the Adult and Independence Services Call Center.
- Maintained 250 enrollees in a downtown homeless mentally ill project for adults and older adults to decrease incarceration, re-hospitalization and homelessness, and increase sustained housing.
- Established a "Level 14" residential facility at a Children's Mental Health Services site, enhancing the capacity of the County to meet the needs of abused and neglected children with the most serious emotional and developmental problems.

Health and Wellness

- Developed 17 additional senior "Feeling Fit" fitness classes, with a minimum of 20 participants in each class, and increased to 25 the number of health education presentations on osteoporosis to seniors in the community.
- Continued implementing the regional integrated Adult/Older Adult mental health services system redesign—operationalized in East region, developed Statements of Work for the Central and North Central Region's procurements, and began planning for the South Region procurement.
- Continued to implement the Children's Mental Health Services Initiative, providing services for up to 200 Seriously Emotionally Disturbed children and adolescents at the current budget and level of funding.
- Expanded Children's Mental Health Services system capacity by 7.6% to serve a total of 16,173 children. Focus continued on school-based services, intensive case management, wraparound, and specialized residential treatment.
- Participated in Depression Day screenings throughout the County where 1,245 individuals were screened at 29 sites, and eligible individuals referred for ongoing mental health treatment.



Illness Prevention and Independence

- Recognized by the President's New Freedom Commission on Mental Health as the first California County to initiate a recovery-based disease management project for the treatment of schizophrenia, based on the successful Texas Medication Algorithm Project.

Crime Prevention

- Implemented a Behavioral Healthcare Steering Committee to improve service integration for clients dually diagnosed with serious mental illness and substance abuse problems.
- Jointly developed, with the Public Safety Group, a model State agreement and Memorandum of Understanding for implementing the Board approved Strategic Plan for the Treatment and Supervision of Sexually Violent Predators in San Diego County.

Fiscal Stability

- Increased the number of adult mental health clients screened for their ability to pay by reducing, by approximately 77 percent, those clients who were not screened.
- Avoided over \$0 .5 million dollars in costs for psychotropic medications by increasing participation in the pharmaceutical industry's Patient Assistance Program.
- Developed a Memorandum of Understanding with San Diego County Revenue and Recovery to collect County overpayments from IHSS providers and clients.

Technology

- Implemented an interactive Network of Care website for mental health services, serving as the pilot project for the State.
- Initiated a process to replace an obsolete mental health client tracking, billing and claiming management information system.

Regional Leadership

- Received Healthcare and Aging Awards for two projects—"Feeling Fit" Clubs and the Network of Care website—at the Annual Joint Conference of the National Council on Aging and the American Society on Aging.

2003-05 Objectives

Strategic Initiative – Kids

- Provide eligible children and youth timely access to mental health outpatient treatment (within 28 days of referral).
- Ensure that a minimum of 70% of up to 200 children served by the Children's Mental Health Services Initiative avoid out-of-home placement.

Strategic Initiative – Safe and Livable Communities

- Provide eligible adults timely access to mental health outpatient treatment (within 28 days of referral).
- Ensure that no more than 23% of adult patients discharged from psychiatric hospitalization need to be readmitted within 30 days of their release.

Changes from the 2002-03 Adopted

Expenditures

The plan for Illness Prevention and Independence includes reductions and shifts in the utilization of all resources to fund negotiated salary and benefit adjustments and caseload increases in mandated programs within the limitations of State and Federal funding. Also included is the shift of the newly formed Countywide Child Welfare Services to Safe Communities. The plan proposes decreases in overall expenditures by a net \$32.2 million for Fiscal Year 2003-04.

- \$10.4 million proposed increase in Salaries and Benefits for negotiated salary and benefit agreements offset by costs associated with the net reduction of 35.83 staff years.



Net \$11.6 million proposed decrease in Services & Supplies as a result of:

- \$9.0 million proposed decrease in contracted services. These changes include:
 - \$9.2 million net increase in IHSS contracts to fund caseload growth.
 - \$0.2 million reduction in Mental Health Senior Team based on limited funds.
 - \$0.6 million decrease in services to support Edgemoor Skilled Nursing Facility due to limited funds.
 - \$9.2 million decrease in Children's Mental Health services due to limited State funds available and transfer of some services to Safe Communities program.
 - \$7.1 million decrease in Adult Mental Health services due to limited State funds.
 - \$0.7 million decrease in Multi-Purpose Senior Services due to limited funds available.
 - \$0.4 million reduction in other programs including AIDS Waiver and Respite Care Registry due to limited funds available.
- \$2.6 million additional decrease in Services & Supplies, due to:
 - \$0.9 million reduction in Mental Health institutional services.
 - \$1.7 million reduction in various Services & Supplies throughout Illness Prevention and Independence due to unavailability of funding.
- \$36 million decrease in Other Charges due to moving Foster Care Aid and Seriously Emotionally Disturbed payments from Illness Prevention and Independence to Safe Communities and a reduction of appropriations in California Children's Services to align the budget with anticipated need.
- \$0.1 million decrease in Fixed Assets and Expenditure Transfer and Reimbursements

- \$5.1 million increase in Operating Transfer Out to the IHSS Public Authority to fund previously approved health benefits that were budgeted and paid for in Aging and Independence Services in prior years.

Revenue

Decreases overall revenue by \$32.2 million in Fiscal Year 2003-04:

- \$33.5 million decrease in Intergovernmental Revenue due to shifts of revenue or changes in revenue to align budgeted levels with anticipated changes in available revenue.
 - \$11.3 million increase in revenue for IHSS and Public Authority to meet County share of unfunded caseload growth.
 - \$19.2 million transferred to Safe Communities for Countywide Child Welfare Services
 - \$16.2 million decrease in Children's Mental Health revenue due to reductions in Early and Periodic Screening Diagnosis and Treatment (EPSDT), SB-90 and Managed Care revenue.
 - \$8.2 million decrease in Adult Mental Health revenue due to reductions in Managed Care, EPSDT, MediCal Administrative Activities/Targeted Case Management (MAA/TCM) and Short-Doyle funding.
 - \$0.7 million decrease in revenue for Edgemoor Skilled Nursing Facility due to unavailability of funds.
 - \$1.1 million reduction in a variety of Aging and Independence Services revenues.
 - \$0.6 million increase in California Children's Services.
- \$14.7 million decrease in Other Financing Sources as a result of a reorganization of the administration of Countywide Child Welfare Services and the transfer of that program to Safe Communities; mitigation of State



Illness Prevention and Independence

suspension of SB-90 payments and a slight offset from increases in revenue to mitigate suspension of SB-90 payments by the State.

- \$1.7 million reduction related to a 15% reduction in State proposed Medi-Cal provider rate for Edgemoor Skilled Nursing Facility.
- \$0.4 million increase in Charges for Current Services related to increases in revenue in the Public Guardian/Public Administrator.

The net General Purpose Revenue for Illness Prevention and Independence increased by \$18 million. This includes increased General Purpose Revenue support of \$13.8 million for: California Children's Services, Edgemoor, and Adult and Children's Mental Health and shifted \$4.2 million from other Health & Human Services Agency Programs without impact to services in those programs.

Staffing

Illness Prevention and Independence staffing reflects a proposed net reduction of 35.83 staff years in Fiscal Year 2003-04. This reduction is due to:

- Addition of 14.00 staff years in California Children's Services to meet State requirements.
- Decrease of 29.33 staff years in Adult Mental Health Services that was necessary as a result of reduction in State Revenues and negotiated salary and benefit adjustments.
- Decrease of 19.00 staff years in Children's Mental Health Services and of 1.5 staff years in Aging and Independence Services.

Significant changes in Fiscal Year 2004-05

Fiscal Year 2004-05 proposed appropriations are a net \$2.6 million increase over Fiscal Year 2003-04, due primarily to a \$3.5 million increase in negotiated labor contracts and a \$0.9 million decrease in Services & Supplies.



Illness Prevention and Independence

Performance Measures	2002-03 Adopted	2002-03 Estimated Actual	2003-04 Proposed	2004-05 Proposed
Achieve adult mental health clients' Global Assessment for Function (GAF) Scale levels in 24-hour programs	+8 GAF Pts.	+10 GAF Pts.	+8 GAF Pts.	+8 GAF Pts.
Improve access to routine outpatient adult mental health assessment by ensuring waiting time does not exceed the following days	14 days	8 days	28 days ²	28 days ²
Adult patients discharged from psychiatric hospitalization readmitted within 30 days of their release (not to exceed)	23%	20%	23% ²	23% ²
Improve access to Children's Mental Health outpatient treatment by ensuring waiting time does not exceed the following days	14 days	18.5 days ¹	28 days ²	28 days ²
Children and youth served in the System of Care Initiative who avoid residential placement	70%	86%	70% ²	70% ²
In Home Supportive Services average number of hours of service per month provided each client compared to State average (not to exceed)	85 hours	78 hours	85 hours ²	85 hours ²
Mental Health Conservator – Number of Conservatorships (not to exceed)***	1,490	1,130	N/A	N/A
In Home Supportive Services customers remaining independent***	95%	95%	N/A	N/A
Seniors participating in AIS nutrition programs receiving one-third of the required daily nutrition allowance.***	16,500	17,290	N/A	N/A

***These measures will not be reported in future Operational Plans as the Agency is migrating toward measures that are outcome-oriented and aligned with strategic priorities.

¹The FY 2002-03 estimated actual outpatient wait time for children is 18.5 days, which is higher than the 14-day target. Despite expansion of mental health services through the Early and Periodic Screening, Diagnosis, and Treatment program, demand for services continues to increase in excess of capacity.

²Based on projected funding, these new, proposed targets are either less aggressive than this year's adopted target, or remain the same as this year's adopted target, even though high performance levels would suggest that the target be raised.



Illness Prevention and Independence

Staffing by Program

	Fiscal Year 2002-2003 Adopted Budget	Fiscal Year 2003-2004 Proposed Budget	% Change	Fiscal Year 2004-2005 Proposed Budget	% Change
South Region California Children's Services	129.75	143.75	10.79	143.75	0.00
Aging and Independence Services	612.50	611.00	(0.24)	611.00	0.00
Children's Mental Health Services	224.91	205.91	(8.45)	204.41	(0.73)
Adult Mental Health Services	454.91	425.58	(6.45)	425.58	0.00
Total	1,422.07	1,386.24	(2.52)	1,384.74	(0.11)

Budget by Program

	Fiscal Year 2002-2003 Adopted Budget	Fiscal Year 2003-2004 Proposed Budget	% Change	Fiscal Year 2004-2005 Proposed Budget	% Change
South Region California Children's Services	\$ 11,904,675	\$ 13,198,638	10.87	\$ 13,766,038	4.30
Aging and Independence Services	211,058,569	226,435,429	7.29	228,362,920	0.85
Children's Mental Health Services	131,944,594	88,086,635	(33.24)	88,609,743	0.59
Adult Mental Health Services	131,295,879	126,003,660	(4.03)	125,569,754	(0.34)
Ambulance CSA's - Health & Human Services	4,076,310	4,315,023	5.86	4,315,023	0.00
Total	\$ 490,280,027	\$ 458,039,385	(6.58)	\$ 460,623,478	0.56

Budget by Categories of Expenditures

	Fiscal Year 2002-2003 Adopted Budget	Fiscal Year 2003-2004 Proposed Budget	% Change	Fiscal Year 2004-2005 Proposed Budget	% Change
Salaries & Employee Benefits	\$ 86,606,598	\$ 96,996,506	12.00	\$ 100,524,534	3.64
Services & Supplies	359,212,843	347,649,643	(3.22)	346,705,708	(0.27)
Other Charges	40,500,529	4,453,227	(89.00)	4,453,227	0.00
Fixed Assets Equipment	255,120	76,913	(69.85)	76,913	0.00
Expenditure Transfer & Reimbursements	(61,657)	(14,677)	(76.20)	(14,677)	0.00
Operating Transfers Out	3,766,594	8,877,773	135.70	8,877,773	0.00
Total	\$ 490,280,027	\$ 458,039,385	(6.58)	\$ 460,623,478	0.56



Illness Prevention and Independence

Budget by Categories of Revenues

	Fiscal Year 2002-2003 Adopted Budget	Fiscal Year 2003-2004 Proposed Budget	% Change	Fiscal Year 2004-2005 Proposed Budget	% Change
Fund Balance	152,231	189,100	24.22	189,100	0.00
Taxes Current Property	801,610	818,400	2.09	818,400	0.00
Taxes Other Than Current Secured	10,179	16,800	65.05	16,800	0.00
Fines, Forfeitures & Penalties	107,933	107,933	0.00	107,933	0.00
Revenue From Use of Money & Property	183,687	234,337	27.57	234,337	0.00
Intergovernmental Revenues	307,972,877	274,518,183	(10.86)	274,299,479	(0.08)
Charges For Current Services	24,912,778	23,786,023	(4.52)	23,786,023	0.00
Miscellaneous Revenues	2,205,169	1,100,067	(50.11)	1,100,067	0.00
Other Financing Sources	140,683,849	125,988,941	(10.45)	127,988,941	1.59
General Revenue Allocation	13,249,714	31,279,601	136.08	32,082,398	2.57
Total	\$ 490,280,027	\$ 458,039,385	(6.58)	\$ 460,623,478	0.56



Self Sufficiency and Personal Responsibility



Program Description

This Program provides needy people and families temporary financial assistance, and works with them to combine the health care, employment services, and other social services that they need to become self-sufficient and personally responsible. The program administers the California Work Opportunities and Responsibility to Kids (CalWORKs) program; Welfare to Work employment case management; subsidized childcare payment assistance program; screening and eligibility determination for all other temporary financial assistance programs; Aging and Independence Services, Senior Employment, information and assistance services; and the Veterans Service Office.

Mission Statement

To assist individuals and families in achieving financial independence.

2002-03 Accomplishments

Self-Sufficiency

- Recalculated the 60-month CalWORKs time limits for 2,363 individuals based on new State instructions to continue assistance for working families for the maximum period allowed by law.
- Maintained an accuracy rate of 90.19% of Food Stamp benefits issued.
- Provided childcare subsidies to 4,435 families to enable participation in jobs or job preparation.
- Maintained a conversion rate of 70%, ensuring continued Medi-Cal coverage for CalWORKs families who no longer receive cash aid.
- Monitored and ensured that 86% of a total of 525 refugees who completed training achieved employment.
- Significantly increased, by 87% (from 2,625 to 4,900) the number of veterans' dependents enrolled in the State College Fee Waiver Program.
- Informed all Public Assistance and Medi-Cal recipients in the County (an estimated 300,000 people) on how to apply for the Earned Income Tax Credit (EITC) through the Federal Internal Revenue Service.
- Partnered with community-based organizations in Central and North County Regions to provide information to low-income families about the Earned Income Tax Credit (EITC) program, resulting in 596 completed tax returns and over \$750,000 in Federal funds returned to residents of the County of San Diego.
- Continued to partner with the City of San Diego's Housing and Community Development Department to provide case management services to the homeless at the new year-round City shelter at Cortez Hill. Other collaborative efforts also continued, such as the Homeless Outreach Team.
- Linked 83% (63,840 of 77,040) of clients to appropriate health and social service resources through information and referral services.
- Produced the video, "The Faces of CalWORKs," to educate community partners about the services offered by the CalWORKs Program.



Self Sufficiency and Personal Responsibility

Technology

- Expanded the community's use of the Aging & Independence Services Call Center from an average of 4,268 calls per month last fiscal year to 5,451 calls per month this fiscal year, a 28% increase.
- Implemented an interactive Network of Care website providing access to information and resources for seniors and the disabled, and for use by Agency staff to facilitate referrals.

2003-05 Objectives

Strategic Initiative – Kids

- Sustain a high percentage (90%) of Welfare to Work participants who exit CalWORKs cash assistance due to earnings or employment and remain off aid for 6 months.
- Sustain a level of 50% of Welfare-to-Work participants who are employed.
- Maintain a conversion rate of 70% to continue Medi-Cal coverage for CalWORKs recipients who no longer receive cash aid.
- Ensure CalWORKs families obtain payments for childcare within ten days of receipt of the claim.
 - 100% for up to 3,000 families served by Stage 1
 - 95% for up to 1,000 families served by Stage 2

Strategic Initiative – Safe and Livable Communities

- Achieve and maintain a 92% accuracy rate in Food Stamp benefits issued.

Changes from 2002-03 Adopted

Expenditure

The plan for Self Sufficiency and Personal Responsibility includes reductions and shifts in the utilization of all resources to fund negotiated salary and benefit adjustments due to the limitations of State and Federal funding. Also included in the plan is the shift of the newly formed

Countywide Child Welfare Services to Safe Communities. The plan includes an overall net decrease of \$55.9 million, primarily as a result of a reorganization of the administration of Countywide Child Welfare Services and the transfer of that program to Safe Communities. The most significant changes follow:

- \$5.6 million net increase in Salaries and Benefits due to negotiated salary and benefit agreements offset by the costs associated with the reduction or transfer of 239.33 staff years.
- \$0.3 million increase in Veteran's Affairs and the Ombudsman program.
- \$54.9 million transfer of Countywide Child Welfare Services appropriations to Safe Communities.
- \$2.5 million reduction in Welfare to Work funding for contracted services and client benefits based on projected further reductions in caseload in these programs.
- \$1.9 million decrease in AIDS Waiver, Adult Protective Services, and Multi-Services Senior Programs due to limitations of State Funding and negotiated salary and benefit adjustments.
- \$1.8 million decrease in expenditures for non-mandated Information and Referral services due to funding constraints.
- \$0.7 million reduction in Childcare to align the program with proposed State funding.

Revenue

- Decrease of \$55.9 million overall in alignment with appropriation decreases. This includes:
- \$34.4 million transfer of Intergovernmental Revenue to Safe Communities for the due to the reorganization of the administration of Children's Welfare Services.
- \$15.0 million shift in Social Services Realignment revenue also as part of the Countywide Child Welfare Services move to Safe Communities.



- \$1.0 million transfer of Miscellaneous Revenue to Safe Communities for the shift in budgeting the San Pascual Academy as part of Child Welfare Services.
- \$0.5 reduction in miscellaneous other revenue sources.
- \$5.0 million decrease in General Purpose Revenue, shifted to other programs with no impact to services.

Staffing

Proposed net Reduction of staff by 239.33 staff years. This includes both reductions and transfer of staff to Safe Communities. Significant impacts include:

- Transfer of 129 Countywide Child Welfare Services staff from Self Sufficiency and Personal Responsibility to Safe Communities.

- Reduction of 78 staff years in Family Resource Center, necessary as a result of no increases in State Revenue for increased costs of negotiated salary and benefit adjustments.
- Reduction of Information and Referral staff years by 22 due to reductions in Social Work services, increasing the difficulty of client access to complex service systems.
- Reduction of Welfare to Work Staff by 10 to meet current levels of need.

Significant Changes in Fiscal Year 2004-05

Fiscal Year 2004-05 is proposed to increase by \$5.6 million from Fiscal Year 2003-04, due primarily to increases in negotiated salary and benefit agreements and operational costs.



Self Sufficiency and Personal Responsibility

Performance Measures	2002-03 Adopted	2002-03 Estimated Actual	2003-04 Proposed	2004-05 Proposed
Employable CalWORKs recipients with earned income	50%	52%	50%	50%
Maintain Medi-Cal coverage for CalWORKs recipients who no longer receive cash aid	70%	72%	70%	70%
Childcare payment eligibility determinations completed within 30 days	90%	98%	90% ²	90% ²
Childcare payments issued within 10 days of receipt of attendance sheets (Stage 1)	100%	100%	100%	100%
Welfare to Work participants who exit CalWORKs cash assistance due to earnings or employment and remain off aid for 6 months	90%	90%	90%	90%
Food Stamps payment accuracy rate	92%	90% ¹	92%	92%
Clients accessing Information and Referral Services who were linked to appropriate health and social service resources	80%	83%	80% ²	80% ²

¹The Food Stamp payment accuracy rate was 90% for FY 2002-03, which is below the target, or Federal tolerance, of 92%. The Federal tolerance rate is the average of all states and varies from year to year. For the Federal quality control sample, the accuracy rate is measured by correct benefits divided by actual benefits issued (incorrect benefits may reflect over-issuances and under-issuances). The County has undertaken a number of remedial actions, including conducting quality control desk audits, developing an automated process for computing over-issuance payments, and forming a work group of Health & Human Services Agency (HHSA) family resource center managers, training, and other staff to implement an accountability plan for public assistance programs. All recommendations of a State Management Evaluation Review of San Diego County will be implemented by June 2003. Also, managers are reviewing best practices in other counties that have successfully improved accuracy, and will implement those with the highest probability of success.

²Based on projected funding, these new, proposed targets are either less aggressive than this year's adopted target, or remain the same as this year's adopted target, even though high performance levels would suggest that the target be raised.



Self Sufficiency and Personal Responsibility

Staffing by Program

	Fiscal Year 2002-2003 Adopted Budget	Fiscal Year 2003-2004 Proposed Budget	% Change	Fiscal Year 2004-2005 Proposed Budget	% Change
Central Region	501.25	468.91	(6.45)	468.91	0.00
East Region	355.91	338.75	(4.82)	338.75	0.00
North Central Region	537.58	376.75	(29.92)	376.75	0.00
North Coastal Region	175.50	173.50	(1.14)	173.50	0.00
North Inland Region	178.50	168.50	(5.60)	168.50	0.00
South Region	184.50	164.50	(10.84)	164.50	0.00
Aging and Independence Services	4.00	11.00	175.00	11.00	0.00
Contract Operations	24.00	21.00	(12.50)	21.00	0.00
Policy and Program Support	7.00	6.00	(14.29)	6.00	0.00
Total	1,968.24	1,728.91	(12.16)	1,728.91	0.00

Budget by Program

	Fiscal Year 2002-2003 Adopted Budget	Fiscal Year 2003-2004 Proposed Budget	% Change	Fiscal Year 2004-2005 Proposed Budget	% Change
Central Region	\$ 83,314,960	\$ 85,311,254	2.40	\$ 86,793,809	1.74
East Region	114,481,200	114,028,033	(0.40)	115,200,434	1.03
North Central Region	114,744,289	54,618,338	(52.40)	55,816,119	2.19
North Coastal Region	19,483,384	21,109,681	8.35	21,686,306	2.73
North Inland Region	28,498,695	29,371,797	3.06	29,863,198	1.67
South Region	53,321,322	53,725,484	0.76	54,194,628	0.87
Aging and Independence Services	805,185	1,449,021	79.96	1,493,217	3.05
Contract Operations	5,886,867	5,943,228	0.96	6,046,909	1.74
Policy and Program Support	6,843,215	5,942,044	(13.17)	5,977,478	0.60
Total	\$ 427,379,117	\$ 371,498,880	(13.08)	\$ 377,072,098	1.50

Budget by Categories of Expenditures

	Fiscal Year 2002-2003 Adopted Budget	Fiscal Year 2003-2004 Proposed Budget	% Change	Fiscal Year 2004-2005 Proposed Budget	% Change
Salaries & Employee Benefits	\$ 85,707,954	\$ 91,289,888	6.51	\$ 96,808,679	6.05
Services & Supplies	43,116,417	33,810,890	(21.58)	33,865,317	0.16
Other Charges	298,554,746	246,398,102	(17.47)	246,398,102	0.00
Total	\$ 427,379,117	\$ 371,498,880	(13.08)	\$ 377,072,098	1.50

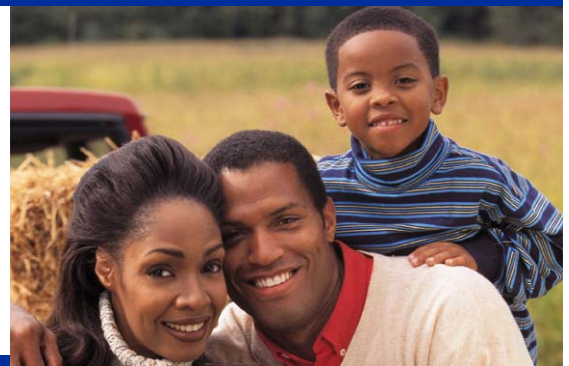


Self Sufficiency and Personal Responsibility

Budget by Categories of Revenues

	Fiscal Year 2002-2003 Adopted Budget	Fiscal Year 2003-2004 Proposed Budget	% Change	Fiscal Year 2004-2005 Proposed Budget	% Change
Fund Balance	100,000	—	(100.00)	—	(100.00)
Licenses Permits & Franchises	33,000	—	(100.00)	—	(100.00)
Revenue From Use of Money & Property	250,000	—	(100.00)	—	(100.00)
Intergovernmental Revenues	408,231,997	373,794,066	(8.44)	373,794,066	0.00
Charges For Current Services	208,677	192,327	(7.84)	192,327	0.00
Miscellaneous Revenues	3,840,619	2,837,578	(26.12)	2,837,578	0.00
Other Financing Sources	16,397,026	1,329,235	(91.89)	1,329,235	0.00
General Revenue Allocation	(1,682,202)	(6,654,326)	295.57	(1,081,108)	(83.75)
Total	\$ 427,379,117	\$ 371,498,880	(13.08)	\$ 377,072,098	1.50

Safe Communities



Program Description

This program is mandated by State law to receive referrals, investigate, assess, and provide services to children, families, and adults who are at risk for abuse, neglect, and exploitation. The program administers Child Protective Services foster care payments, recruitment, and investigations, youth Independent Living Skills program, Adult Protective Services, Ombudsman Program, Commission on Children, Youth and Families, Office of Violence Prevention, Critical Hours, and Family Home Visiting. Safe Communities organizes parents, providers, and other community leaders to prevent and reduce the effects of child and adult abuse, neglect and exploitation.

Mission Statement

To reduce abuse, neglect and exploitation of children, families and adults through coordinated community efforts.

2002-03 Accomplishments

Self Sufficiency

- Ensured that 90% of 6,448 children in the Child Protective Services system were unified or reunified with a permanent family. This includes children who were adopted, placed with a guardian, or reunified with their families.
- Despite new, more stringent state regulations, 37% of abused and neglected children removed from their homes were placed with relatives in order to minimize disruption in the lives of these children.
- Expanded the number of residents from 55 to 105 at San Pasqual Academy, a state-of-the-art residential education campus for foster care youth. Provided an Advanced Emancipation Program, a Work Readiness Program, and an Intergenerational Mentoring Program, pairing youth with senior mentors.

- Continued data collection for the on-going evaluation of foster youth residing at San Pasqual Academy to determine youths' overall preparedness for independent living.
- Exceeded 100% of the State target of 650 by placing 680 children in adoptive homes.
- Stabilized the average daily population at the Polinsky Children's Center at 127 children, significantly lower than the population levels during the prior three fiscal years.
- Modified program design and, in partnership with the Community Services Group's Department of General Services, completed necessary refurbishment as required for licensure for Polinsky Children's Center.
- Placed 50% of more than 600 abused and neglected children in their own community or region when placed in licensed foster home in order to provide more continuity for these children.

Health and Wellness

- Conducted annual assessment visits at 85% of all skilled nursing facilities, intermediate care facilities, and residential care facilities for the elderly.



Safe Communities

- Developed and implemented a quality assurance plan to ensure appropriate services are offered to each youth at Polinsky Children's Center.

Crime Prevention

- Investigated 90% of allegations of elder abuse within ten days of initial report.
- Resolved 65% of all abuse and neglect complaints in nursing homes and residential care facilities to the satisfaction of the resident or complainant.
- In conjunction with the District Attorney, Medical Examiner, and other community partners, developed an Elder Death Review Team to review suspicious deaths and educate all partners about identifying seniors who are at risk
- Provided 500 community education presentations on how to identify and report adult abuse or neglect.
- Provided Juvenile Diversion services to 4,268 at-risk youth, and 81% of these youth had no subsequent contact with the juvenile justice system one year after services ended.
- Maintained and funded Critical Hours program efforts to engage over 6,000 middle school age youth in enriching and safe after-school activities.
- Ensured Domestic Violence Response Teams responded to over 90% of more than 400 domestic violence calls when contacted by the designated law enforcement agency.

2003-05 Objectives

Strategic Initiative – Kids

- Respond within 24 hours to 95% of the urgent referrals assigned to Child Protective Services.
- Ensure that 90% of foster children in permanent placement receive a visit from a caseworker every two months.

- Ensure that 90% of foster children unify or reunify with a permanent family.
- Ensure that 50% of children placed in licensed foster care are placed within their own communities.
- Increase the percentage of foster children in 12th grade who graduate with a high school diploma or equivalent to 72%.
- Maintain a minimum of 75% of Critical Hours participants who have a reduction of at-risk behavior and/or sustained low levels of adverse contact with the juvenile justice system.

Strategic Initiative – Safe and Livable Communities

- Ensure that no more than 25% of up to 8,000 Adult Protective Services cases referred annually are re-referred.

Changes from 2002-03 Adopted

In Fiscal Year 2003-04 the Safe Communities Program will include the newly formed Countywide Child Welfare Services Division (CCWS), which includes child welfare programs previously in the North Central Region, Policy and Program Support Division, and Children's Mental Health Services. This technical adjustment consolidates child welfare services including administrative and support staff, contracts and aid payments into the new Countywide Child Welfare Services.

Expenditures

The plan for Safe Communities includes reductions and shifts in the utilization of all resources to fund negotiated salary and benefit adjustments due to the limitations of State and Federal funding. The plan also includes the shift of the newly formed Countywide Child Welfare Services into Safe Communities. The plan increases overall expenditures by \$114.9 million, primarily due to a reorganization of Child Welfare Services and transfer of those services to Safe Communities from Self-Sufficiency and Personal Responsibility and Illness Prevention and Independence.



- \$22.8 million increase in Salaries and Benefits reflects additional staff, a net 57.25 staff years, based on the reconfiguration of the Safe Communities Program's Countywide Child Welfare Services, and for negotiated salary and benefit agreements.
- \$11.5 million reduction in Services and Supplies to align budgeted appropriations with anticipated State Budget levels:
 - \$3.2 million decrease in various services and supplies items to bring the budgeted level of appropriations to the level proposed in the State Budget.
 - \$2.8 million reduction in Child Welfare Services contracts that are no longer consistent with the CWS mission.
 - \$2.7 million decrease in contracted services eliminating the Juvenile Diversion program.
 - \$2.0 million decrease in Bioterrorism contracts, mostly IT and other one-time projects due to completion of those projects.
 - \$0.8 million decrease in non-mandated Ex-Offender Diversion and Domestic Violence contracts due to insufficient funding.
- \$103.9 million increase in Other Charges:
 - \$19.0 million increase in appropriations for Foster Care, Aid in the Adoption of Children, and Aid for Seriously Emotionally Disturbed (SED) children due to projected caseload growth.
 - \$84.9 million shift in aid payments from the Self-Sufficiency and Personal Responsibility and Illness Prevention and Independence Programs with no impact to services.
- \$73.0 million increase in Intergovernmental and Miscellaneous Revenues primarily associated with the shift of appropriations resulting from the reorganization of the Countywide Child Welfare Services and shift of services from other programs.
- \$33.3 million increase in Other Financing Sources due primarily to the reconfiguration of the Countywide Child Welfare Services program.
- \$7.7 million increase in General Purpose Revenue, shifted from other programs, with no impact on services.
- \$0.9 million increase in revenue from Licenses, Permits and Franchises and Revenue from use of Money and Property.

Staffing

Shifts staffing to Safe Communities for a net program shift of 57.25 staff years. The most significant changes follow:

- Safe Communities experiences a shift of 132.25 Childrens Welfare Service staff from other programs, with no net increase in Agency staffing for these moves.
- 30.00 staff years reduced from the regional Child Welfare Services necessary as a result of no increases in State Revenue for increased costs of negotiated salary and benefit adjustments.
- 42.50 staff years from the Bioterrorism program previously in Safe Communities redistributed to Healthy Communities.
- Aging and Independence Services (AIS) shifted 5.00 staff years to programs outside of Safe Communities. In AIS, the Ombudsman added 2.50 staff years to supervise volunteers advocating for persons in long-term care facilities.

Significant Changes in Fiscal Year 2004-05

Fiscal Year 2004-05 is proposed to increase by \$3.6 million from Fiscal Year 2003-04 primarily due to negotiated salary and benefit adjustments.

Revenue

\$114.9 million net increase in overall revenues in alignment with appropriation increases. This includes:



Performance Measures	2002-03 Adopted	2002-03 Estimated Actual	2003-04 Proposed	2004-05 Proposed
Face-to face Adult Protective Services investigations within 10 days	90%	94%	90% ²	90% ²
Adult Protective Services clients with closed cases who are referred for a subsequent substantiated event within 6 months (not to exceed)	25%	20%	25% ²	25% ²
Child Protective Services urgent referrals responded to within 24 hours	95%	92% ¹	95%	95%
Foster children in permanent placement who are visited by a caseworker every two months	90%	94%	90% ²	90% ²
Foster children in 12 th grade who complete High School or obtain a GED	64%	69%	72%	74%
Foster children placed within their own communities of those in licensed foster care	49%	50%	50%	50%
Number of children placed in adoptive homes	648	680	648	648
Children who unify or reunify with a permanent family (reunified with family, adopted, place with guardian)	90%	97%	90% ²	90% ²
Youth participating in Critical Hours program who have reduction of at-risk behavior and/or sustained low levels of adverse contact with the juvenile justice system	75%	97%	75% ²	75% ²
Participants in the diversion program with no contact with the juvenile justice system one year after case closing***	80%	81%	80%	80%
Children removed from home that will maintain family ties by being placed with relatives***	40%	37%	N/A	N/A
Calls responded to by Domestic Violence Response Teams that fit response criteria***	75%	94%	N/A	N/A
Number of new unduplicated attendees in the Critical Hours program***	2,500	6,320	N/A	N/A

***These measures will not be reported in future Operational Plans as the Agency is migrating toward measures that are outcome-oriented and aligned with strategic priorities.

¹At 92% for FY 2002-03, performance is below the 95% target for timeliness of Child Protective Services urgent referrals. The problem is largely attributed to data entry and software problems. Remedial actions have already been taken to mitigate these issues.



²Based on projected funding, these new, proposed targets are either less aggressive than this year's adopted target, or remain the same as this year's adopted target, even though high performance levels would suggest that the target be raised.



Staffing by Program

	Fiscal Year 2002-2003 Adopted Budget	Fiscal Year 2003-2004 Proposed Budget	% Change	Fiscal Year 2004-2005 Proposed Budget	% Change
Central Region	182.00	177.00	(2.75)	173.00	(2.26)
East Region	130.00	124.00	(4.62)	117.00	(5.65)
North Central Region	747.00	78.00	(89.56)	75.00	(3.85)
North Coastal Region	93.00	93.00	0.00	91.00	(2.15)
North Inland Region	104.50	94.50	(9.57)	91.50	(3.17)
South Region	108.50	102.50	(5.53)	98.00	(4.39)
Aging and Independence Services	98.00	95.50	(2.55)	95.50	0.00
Policy and Program Support	50.00	7.00	(86.00)	7.00	0.00
Strategy and Planning Division	3.00	3.00	0.00	3.00	0.00
Office of Public Health	63.00	20.50	(67.46)	20.50	0.00
County Child Welfare Services	—	841.25	(100.00)	833.25	(0.95)
Total	1,579.00	1,636.25	3.63	1,604.75	(1.93)

Budget by Program

	Fiscal Year 2002-2003 Adopted Budget	Fiscal Year 2003-2004 Proposed Budget	% Change	Fiscal Year 2004-2005 Proposed Budget	% Change
Central Region	\$ 12,303,069	\$ 13,617,695	10.69	\$ 14,126,890	3.74
East Region	8,626,053	9,355,481	8.46	9,445,994	0.97
North Central Region	95,822,833	5,866,202	(93.88)	5,997,495	2.24
North Coastal Region	6,698,382	7,463,998	11.43	7,705,108	3.23
North Inland Region	7,023,778	7,574,428	7.84	7,750,703	2.33
South Region	8,365,260	9,297,765	11.15	9,434,471	1.47
Aging and Independence Services	9,291,628	9,318,947	0.29	9,719,034	4.29
Contract Operations	5,126,122	1,870,443	(63.51)	1,351,063	(27.77)
Policy and Program Support	10,812,581	608,728	(94.37)	642,065	5.48
Strategy and Planning Division	316,222	367,720	16.29	382,330	3.97
Office of Public Health	4,500,000	4,288,474	(4.70)	4,296,380	0.18
County Child Welfare Services	—	214,122,192	(100.00)	216,497,461	1.11
Total	\$ 168,885,928	\$ 283,752,073	68.01	\$ 287,348,994	1.27

**Budget by Categories of Expenditures**

	Fiscal Year 2002-2003 Adopted Budget	Fiscal Year 2003-2004 Proposed Budget	% Change	Fiscal Year 2004-2005 Proposed Budget	% Change
Salaries & Employee Benefits	\$ 85,047,160	\$ 107,904,549	26.88	\$ 112,274,911	4.05
Services & Supplies	43,479,151	31,984,898	(26.44)	31,211,457	(2.42)
Other Charges	39,963,220	143,850,483	259.96	143,850,483	0.00
Fixed Assets Equipment	396,397	12,143	(96.94)	12,143	0.00
Total	\$ 168,885,928	\$ 283,752,073	68.01	\$ 287,348,994	1.27

Budget by Categories of Revenues

	Fiscal Year 2002-2003 Adopted Budget	Fiscal Year 2003-2004 Proposed Budget	% Change	Fiscal Year 2004-2005 Proposed Budget	% Change
Licenses Permits & Franchises	490,000	814,000	66.12	814,000	0.00
Fines, Forfeitures & Penalties	67,267	67,267	0.00	67,267	0.00
Revenue From Use of Money & Property	—	584,308	(100.00)	584,308	0.00
Intergovernmental Revenues	143,736,293	215,751,286	50.10	215,597,328	(0.07)
Charges For Current Services	918,093	836,007	(8.94)	825,112	(1.30)
Miscellaneous Revenues	364,718	1,375,140	277.04	1,375,140	0.00
Other Financing Sources	7,725,933	41,052,778	431.36	41,053,330	0.00
General Revenue Allocation	15,583,624	23,271,287	49.33	27,032,509	16.16
Total	\$ 168,885,928	\$ 283,752,073	68.01	\$ 287,348,994	1.27



Healthy Communities



Program Description

Healthy Communities encompasses community focused health programs and services for improving the overall quality of life for our residents. Healthy Communities' services promote perinatal care, well child exams, immunizations, public health protection, chronic disease management, nutrition, and preventive health care for the aging, County Medical Services (CMS) for the indigent population, Emergency Medical Services (EMS), alternative dispute resolution, and general community-based prevention services.

Mission Statement

Through partnerships, promote, enhance, and sustain the health and well being of individuals, families and communities.

2002-03 Accomplishments

Health and Wellness

- Achieved 11 of 14 Center for Disease Control critical benchmarks for bioterrorism planning and response.
- Prepared an assessment of the County's trauma system.
- Immunized 5,400 young children through the regional public health centers, achieving a center coverage rate for young children of 84%. This is a significantly higher immunization coverage rate compared to last year when the coverage rate was 70%.
- Provided information and referral services to 8,000 clients annually through San Diego Kids Health Assurance Network (SD-KHAN).
- Monitored and ensured that 95% of a total of 42,225 first graders meet the State school health related entrance exam requirements so they are healthy and ready to learn.
- Served 11,000 patients through the Child Health Disability Prevention (CHDP) Treatment Reimbursement Program.
- Recruited and maintained 507 dental professionals to provide dental services to children through the Share the Care Children's Dental Program.
- Provided approximately \$12 million in HIV/AIDS prevention, care, and treatment services through contracted community-based providers.
- Provided screening, enrollment, and re-certification services to approximately 1,200 clients per year receiving medications valued at \$13 million through State-funded AIDS Drug Assistance Program (ADAP).
- Developed applications to continue the planning process to develop and expand Healthy San Diego to be the Long Term Care Integration Project delivery system and to refine other potential options for long term care reform.
- Monitored and ensured that 86% (2,079 of 2,422) of disputes handled with Alternative Dispute Resolution Services resulted in successful agreements—encompassing a wide range of disputes, including neighborhood problems—to alleviate court congestion and avoid County costs.
- Implemented the Cancer Navigator Program for cancer patients and their families to assist in navigation of all cancer treatment resources in the County of San Diego.



Healthy Communities

- Expanded Health-e-App, a web-based automated eligibility process for Healthy Families healthcare coverage, to all 11 Health and Human Services Agency (HHSA) family resource centers.
- Provided case management and environmental assessment services to 90% of 50 eligible children referred to the Childhood Lead Poisoning and Prevention Program for elevated blood lead levels.
- Increased Medi-Cal enrollment Countywide by 8%, from about 242,000 to about 262,000 individuals through aggressive outreach efforts in the Agency's regional public health and family resource centers.
- Expanded eligibility criteria to provide health care services to 2,500 individuals with net monthly income between \$600 and \$802 through the County Medical Services (CMS) program.

Technology

- Implemented the Public Health Information System, reaching the goal of registering 95% of clients with uniform registration methods.
- Upgraded Quality Assurance network hardware/equipment, and upgraded the application to provide a vital communication link in medical disasters and acts of domestic terrorism.

2003-05 Objectives

Strategic Initiative – Kids

- Achieve a high level (85%) of immunization of children (ages 19 months to 36 months) served by public health centers.
- Ensure at least 60% of about 2,400 pregnant women, who did not have prenatal care when they first contacted the Perinatal Care Network, report receiving prenatal care within 30 days of their first contact.

- Increase by 2% the number of children enrolled in Medi-Cal and Healthy Families, an additional 4,400 children over the 220,000 currently enrolled.

Strategic Initiative – Safe and Livable Communities

- Achieve all 14 Center for Disease Control critical benchmarks for bioterrorism preparedness.
- Ensure Epidemiology staff respond and initiate an investigation within 24 hours of report for selected diseases in 95% of cases.
- Ensure that 70% of an estimated 600 Tuberculosis (TB) infected contacts each year begin and complete treatment.
- Ensure that 65% of up to 15,000 HIV tests administered annually are given to high-risk individuals.

Changes from 2002-03 Adopted

Expenditure

The plan for Healthy Communities includes reductions and shifts in the utilization of all resources to fund negotiated salary and benefit adjustments due to the limitations of State and Federal funding. The plan increases overall expenditures for a net increase of \$4.2 million for Fiscal Year 2003-04, including a \$6.5 million increase in Salaries and Benefits for negotiated salary and benefit agreements and staffing changes.

- \$2.2 million decrease in Services and Supplies due to:
 - \$3.1 million planned decrease in short-term contracts funded by one-time funds, in: HIV, Medical Health Quality Assurance (MHQA), and Emergency Medical Services (EMS).
 - \$0.5 million increase in Rents and Leases, due to increased costs.
 - \$0.4 million increase in printing costs for Vital Records that have been mandated by the State of California.



Revenue

Increase in overall revenue of a net \$4.2 million for Fiscal Year 2003-04.

- \$0.8 million increase in Fines, Forfeitures, and Penalties for Emergency Medical Services (EMS).
- \$2.9 million increase in Intergovernmental Revenues due to:
 - \$1.7 million increase in Medi-Cal Administrative Activities/Targeted Case Management revenue.
 - \$1.2 million total increase in new revenue and shifts of current funding in Medi-Cal Hospital Outstation funding, Hepatitis funding and movement of the Revenue Development program into Healthy Communities.
- \$0.4 million increase in Charges for Current Services and Licenses, Permits and Franchises due to:
 - \$0.5 million increase for County Medical Services (CMS);
 - \$0.2 million increase in Vital Records;
 - \$0.3 million decrease in Dispute Resolution fees.
- \$0.6 million increase in Miscellaneous Revenue due to changes in a variety of programs including: Office of AIDS Coordination, Public Health Lab, and Children Youth and Families.
- \$0.5 million net increase in Other Financing Sources due to increase in adjustments in the Health Realignment and Tobacco Settlement.
- \$ 1.0 million decrease in General Purpose Revenue.

Staffing

Staffing in Healthy Communities increased by a total of 61.7 due to shifts of staffing from other programs with no net impact to Health and Human Services Agency staffing. This action shifts staff to align with the current mission, funding, and anticipated State budget.

Significant Changes in Fiscal Year 2004-05

- Fiscal Year 2004-05 appropriations increase by \$2.3 million over Fiscal Year 2003-04, due primarily to increases in negotiated salaries and benefits agreements.



Performance Measures	2002-03 Adopted	2002-03 Estimated Actual	2003-04 Proposed	2004-05 Proposed
Federal and state critical preparedness benchmarks achieved (14 total)	N/A	11	14	14
Increase in physicians, healthcare, and emergency management personnel enrolled in the Emergency Medical Alert Network (EMAN)	N/A	N/A	10%	10%
Number of children with Medi-Cal and Healthy Families healthcare coverage	N/A	220,000	224,400	224,400
Immunization coverage rate provided by Public Health Centers for two year olds (center-based rate)	84%	84%	85%	85%
Women with no prenatal care at intake with a prenatal appointment within 30 days of contacting Perinatal Care Network	50%	61%	50% ⁵	50% ⁵
For selected diseases, cases contacted and investigation initiated by Epidemiology staff within 24 hours	95%	95%	95%	95%
High-risk clients of all those tested for HIV	65%	78%	65% ⁵	65% ⁵
TB infected contacts who begin and complete treatment	70%	50% ¹	70%	70%
Disputes successfully resolved through the Alternative Dispute Resolution program	80%	86%	85%	85%



Increase in Medi-Cal beneficiaries enrolled Countywide***	9%	8%	N/A	N/A
SD-KHAN phone line referrals***	8,000	8,000	N/A	N/A
CHDP screenings facilitated***	176,000	180,000	N/A	N/A
Patients served through the CHDP treatment-reimbursement program***	12,000	11,000 ²	N/A	N/A
Volunteer dental professionals recruited/maintained to provide emergency dental services to children through Share the Care Dental Program***	400	507	N/A	N/A
Immunizations, excluding influenza, provided to all age groups by County and contract agencies***	420,000	357,000 ³	N/A	N/A
TB skin tests, X-rays, chemoprophylaxis treatments, and clinic examinations***	53,100	60,380	N/A	N/A
Primary care clinic visits per unduplicated user***	3.75	3.43	N/A	N/A
HIV prevention outreach contacts***	4,020	5,632	N/A	N/A
HIV tests***	16,800	15,755 ⁴	N/A	N/A

***These measures will not be reported in future Operational Plans as the Agency is migrating toward measures that are outcome-oriented and aligned with strategic priorities.

¹Fewer tuberculosis infected contacts (50%) begin and complete treatment than is the Agency target of 70%. Actual completion rates are likely higher than 50%, but data collection is hampered by lack of real-time data entry by staff and inconsistent quality of data documentation. In addition, private providers, from whom outcome information can be difficult to obtain, manage many of the contacts. Completion is also hampered by individual patient decisions not to take medication. Current efforts to improve results include streamlining data systems and training of staff in data entry requirements, as well as identifying and reducing barriers to treatment for patients.

²Fewer patients (11,000) were served through the CHDP treatment-reimbursement program per the FY 2002-03 estimated actual than was anticipated (12,000) due to a concerted effort to link children to comprehensive health care through Medi-Cal and the Healthy Families Program. Also, Proposition 10 funding to community clinics for dental services resulted in a lower number of dental patients served through the CHDP treatment program.

³Due to vaccine shortages, fewer immunizations were delivered by the public health centers in FY 2002-03 than anticipated—an estimated actual of 357,000 instead of the anticipated 420,000. Also, progress made towards ensuring more children have comprehensive health care through Medi-Cal and the Healthy Families Program also contributed to the lower than expected numbers of immunizations delivered by the public health centers.



Healthy Communities

⁴Fewer patients were tested in FY 2002-03 than anticipated—an estimated actual of 15,755 compared to the target of 16,800. However, the HIV Testing Program has worked on targeting higher risk individuals who would not normally seek HIV testing. While the overall number of tests administered is lower, the relative number of positive tests has increased from 1.3% to 1.9%, suggesting better use of testing resources. Additionally, the overall percentage of high-risk individuals tested has risen to 78% (see measure “High-risk clients of all those tested for HIV).

⁵Based on projected funding, these new, proposed targets are either less aggressive than this year’s adopted target, or remain the same as this year’s adopted target, even though high performance levels would suggest that the target be raised.



Staffing by Program

	Fiscal Year 2002-2003 Adopted Budget	Fiscal Year 2003-2004 Proposed Budget	% Change	Fiscal Year 2004-2005 Proposed Budget	% Change
Central Region	33.00	35.00	6.06	35.00	0.00
East Region	33.00	32.00	(3.03)	32.00	0.00
North Central Region	110.50	106.50	(3.62)	106.50	0.00
North Coastal Region	26.50	28.00	5.66	28.00	0.00
North Inland Region	24.00	24.00	0.00	24.00	0.00
South Region	24.50	22.50	(8.16)	22.50	0.00
Policy and Program Support	28.00	26.00	(7.14)	26.00	0.00
Office of Public Health	280.67	347.87	23.94	347.87	0.00
Total	560.17	621.87	11.01	621.87	0.00

Budget by Program

	Fiscal Year 2002-2003 Adopted Budget	Fiscal Year 2003-2004 Proposed Budget	% Change	Fiscal Year 2004-2005 Proposed Budget	% Change
Central Region	\$ 2,349,816	\$ 2,823,565	20.16	\$ 2,957,336	4.74
East Region	2,376,138	2,799,299	17.81	3,000,006	7.17
North Central Region	6,888,000	7,513,956	9.09	7,884,164	4.93
North Coastal Region	1,908,845	2,346,371	22.92	2,455,115	4.63
North Inland Region	2,071,143	2,163,276	4.45	2,253,055	4.15
South Region	1,810,578	1,933,313	6.78	2,037,852	5.41
Contract Operations	1,297,159	752,220	(42.01)	752,220	0.00
Policy and Program Support	66,428,099	66,562,468	0.20	66,693,023	0.20
Strategy and Planning Division	618,257	18,544	(97.00)	43,800	136.19
Aging and Independence Services	156,983	150,000	(4.45)	150,000	0.00
Office of Public Health	59,821,449	62,866,192	5.09	64,031,134	1.85
Total	\$ 145,726,467	\$ 149,929,204	2.88	\$ 152,257,705	1.55



Budget by Categories of Expenditures

	Fiscal Year 2002-2003 Adopted Budget	Fiscal Year 2003-2004 Proposed Budget	% Change	Fiscal Year 2004-2005 Proposed Budget	% Change
Salaries & Employee Benefits	\$ 38,494,865	\$ 44,995,793	16.89	\$ 47,393,435	5.33
Services & Supplies	105,674,098	103,482,190	(2.07)	103,413,049	(0.07)
Other Charges	1,645,404	1,569,121	(4.64)	1,569,121	0.00
Fixed Assets Equipment	109,000	79,000	(27.52)	79,000	0.00
Expenditure Transfer & Reimbursements	(196,900)	(196,900)	0.00	(196,900)	0.00
Total	\$ 145,726,467	\$ 149,929,204	2.88	\$ 152,257,705	1.55

Budget by Categories of Revenues

	Fiscal Year 2002-2003 Adopted Budget	Fiscal Year 2003-2004 Proposed Budget	% Change	Fiscal Year 2004-2005 Proposed Budget	% Change
Licenses Permits & Franchises	191,507	338,507	76.76	338,507	0.00
Fines, Forfeitures & Penalties	3,542,828	4,351,832	22.83	4,401,832	1.15
Intergovernmental Revenues	43,207,242	46,075,472	6.64	45,655,957	(0.91)
Charges For Current Services	6,802,338	7,149,667	5.11	7,149,667	0.00
Miscellaneous Revenues	1,319,395	1,888,696	43.15	1,813,696	(3.97)
Other Financing Sources	82,329,361	82,850,776	0.63	82,605,076	(0.30)
General Revenue Allocation	8,333,796	7,274,254	(12.71)	10,292,970	41.50
Total	\$ 145,726,467	\$ 149,929,204	2.88	\$ 152,257,705	1.55

Healthy Behavior and Lifestyles



Program Description

This program plans, develops, and operates comprehensive prevention and intervention services throughout the community; alcohol and drug prevention, education, treatment, and recovery activities are principal activities. Other services, including Tobacco Education and Prevention and Health Promotion, are aimed specifically at children and adolescents. This is accomplished in partnership with other jurisdictions and numerous private and public agencies, organizations, groups, and individuals.

Mission Statement

Promote the health and quality of life for children and families leading to positive lifestyles.

2002-03 Accomplishments

Health and Wellness

- Increased the number of clients served in residential and nonresidential treatment for substance abuse problems by over 9%, from 17,907 to 19,644.
- Provided \$736,694 in funding to community-based agencies and organizations to provide direct chronic disease prevention and education to 30,483 individuals. An additional 300,000 individuals received educational messages via three separate media campaigns.
- Provided \$1,978,374 in funding from Tobacco Settlement funds to schools and community-based agencies and organizations for direct smoking prevention and cessation services to 15,971 youth and 41,466 adults. An additional 459,077 youth and adults were reached via a radio media campaign, news articles and press conferences.
- Hosted the National Prevention Network and California Prevention Summit Conference attended by 1,033 participants.

- Convened the Eighth Annual San Diego County Substance Abuse Summit to address the complex issues of substance abuse in the community, attended by an estimated 750 participants. Focus was expanding prevention and treatment partnerships with local government.
- Expanded Screening, Brief Intervention, and Referral (SBIR) to all regions by implementing SBIR in the East Region of the County. An estimated 111,000 screenings were provided this year.
- Funded three community-based agencies to provide childhood obesity prevention education to 5,360 at-risk children.
- Implemented the Pediatric Asthma Education Initiative that focuses on children's asthma, the leading serious chronic illness among San Diego County children. This campaign educates primary care providers and parents in best practices for managing children with asthma.

Crime Prevention

- In collaboration with the Public Safety Group, provided Proposition 36 treatment services to 3,500 eligible County probationers and State parolees in lieu of incarceration and provided substance abuse treatment to an additional 1,500 probationers and parolees.



Healthy Behavior and Lifestyles

2003-05 Objectives

Strategic Initiative – Kids

- Provide adolescents timely access to residential drug treatment (no more than 25 days of referral).

Strategic Initiative – Safe and Livable Communities

- Provide 90,000 screening, brief intervention, and referral (SBIR) services for substance abuse disorders.
- Ensure that 40% of Proposition 36 clients in treatment at least 4 months successfully complete substance abuse treatment.
- Provide timely access to adult residential drug treatment (within 21 days of referral).

Changes from 2002-03 Adopted

Expenditure

The plan for Healthy Behaviors and Lifestyles includes reductions and shifts in the utilization of all resources to fund negotiated salary and benefit adjustments due to the limitations of State and Federal funding. Also included are reductions due to completed projects. The plan decreases overall expenditures by \$5.7 million for Fiscal Year 2003-04:

- \$1.2 million increase in Salaries and Benefits for step increases and negotiated salary and benefit agreements and the increase of 1.00 staff year.
- \$6.8 million decrease in Services and Supplies resulting from:

- \$5.7 million planned decrease in contracts due to completion of short-term projects with one-time funds, primarily due to Tobacco Settlement revenue for Bio-Terrorism.
- \$0.7 million decrease in other services and supplies expenditures to align with expected State Budget levels.
- \$0.4 million reduction in Drug Court programs due to limited State/Federal funding.

Revenue

Decreases overall revenue by \$5.7 million for Fiscal Year 2003-04:

- \$0.6 million increase in Proposition 99 Tobacco Tax Initiative Funds.
- \$5.1 million decrease in one-time and short-term revenue due to completed projects in Bio-Terrorism.
- \$1.2 million decrease in General Revenue allocation.

Staffing

- Increase of 1.00 staff year in Health Promotion –South Region as a result of personnel changes in the regions.

Significant Changes in Fiscal Year 2004-05

Fiscal Year 2004-05 is \$2.9 million less than Fiscal Year 2003-04 in expenditures and revenue due to a decrease in one-time Tobacco Settlement contracts.



Performance Measures	2002-03 Adopted	2002-03 Estimated Actual	2003-04 Proposed	2004-05 Proposed
Screening, brief intervention and referral services provided for substance abuse disorders	N/A	N/A	90,000	90,000
Wait time for adolescent residential drug treatment	14 days	21 days ¹	25 days ⁴	25 days ⁴
Wait time for adult residential drug treatment	21 days	7 days	21 days ⁴	21 days ⁴
Proposition 36 clients successfully complete treatment of those in treatment at least 4 months	40%	47%	40% ⁵	40% ⁵
Clients are alcohol and drug free 6 months after treatment.	80%	80%	80%	80%
Clients engaged in employment prep activities or employment 6 months following alcohol and drug treatment	75%	86%	86%	86%
Increase in alcohol and drug residential treatment capacity to accommodate Proposition 36 and others who require residential treatment	37 new beds	37 new beds	20 new beds ⁶	N/A
Clients placed in residential and non-residential alcohol and drug treatment***	17,907	19,644	N/A	N/A
Residential treatment capacity in bed days***	569,837	515,478 ²	N/A	N/A
Clients with 30 days or more in alcohol and drug treatment successfully completing treatment***	3,869	4,680	N/A	N/A
Clients completing detox and referred/placed in treatment ***	3,425	2,180 ³	N/A	N/A

***These measures will not be reported in future Operational Plans as the Agency is migrating toward measures that are outcome-oriented and aligned with strategic priorities.

¹The wait time for adolescent residential drug treatment in FY 2002-03 was 21 days, exceeding the target of 14 days. This is the result of limited capacity in spite of a growing demand for services, and community concerns and other challenges to site new residential treatment facilities. Currently, there are three group homes and only one long-term treatment facility for adolescents.



Healthy Behavior and Lifestyles

² Residential treatment capacity in bed days was lower in FY 2002-03 than anticipated—an estimated actual of 515,000 compared to the target of about 570,000. The loss of a longer-term (10-day) detoxification program and one adolescent group home reduced both the number of clients being discharged from detox and the capacity in terms of bed days.

³ The number of clients completing detoxification and referred or placed for treatment was less in FY 2002-03 than anticipated—about an estimated actual of 2,180 compared to the target of 3,400. This is largely due to the loss of a longer-term detoxification program. However, the success rate for detox discharges was high—at 72%.

⁴Based on projected funding, these new, proposed targets are either less aggressive than this year's adopted target, or remain the same as this year's adopted target, even though high performance levels would suggest that the target be raised.

⁵Because Proposition 36 treatment programs are relatively new, targets will be reassessed once enough experience has been gained and there are some baseline data regarding outcomes.

⁶The FY 2003-04 target of 20 new residential treatment beds is less than the current year adopted target of 37 new beds due to State budget restrictions for Proposition 36. San Diego County cannot exceed its allocation, which will support only 20 additional beds next year.



Staffing by Program

	Fiscal Year 2002-2003 Adopted Budget	Fiscal Year 2003-2004 Proposed Budget	% Change	Fiscal Year 2004-2005 Proposed Budget	% Change
Central Region	3.00	3.00	0.00	3.00	0.00
East Region	3.00	3.00	0.00	3.00	0.00
North Central Region	4.50	2.50	(44.44)	2.50	0.00
North Coastal Region	3.00	3.00	0.00	3.00	0.00
North Inland Region	3.00	3.00	0.00	3.00	0.00
Proposition 10	16.00	16.00	0.00	16.00	0.00
South Region	2.00	3.00	50.00	3.00	0.00
Policy and Program Support	36.00	36.00	0.00	36.00	0.00
Office of Public Health	11.50	13.50	17.39	13.50	0.00
Total	82.00	83.00	1.22	83.00	0.00

Budget by Program

	Fiscal Year 2002-2003 Adopted Budget	Fiscal Year 2003-2004 Proposed Budget	% Change	Fiscal Year 2004-2005 Proposed Budget	% Change
Central Region	\$ 192,181	\$ 239,916	24.84	\$ 254,004	5.87
East Region	196,581	245,986	25.13	260,220	5.79
North Central Region	300,606	211,562	(29.62)	214,417	1.35
North Coastal Region	216,411	262,513	21.30	277,123	5.57
North Inland Region	208,125	251,978	21.07	266,198	5.64
Proposition 10	1,094,501	1,253,898	14.56	1,332,150	6.24
South Region	148,293	256,858	73.21	271,357	5.64
Policy and Program Support	53,589,090	50,588,420	(5.60)	49,409,339	(2.33)
Office of Public Health	6,915,198	3,859,995	(44.18)	1,937,294	(49.81)
Total	\$ 62,860,986	\$ 57,171,126	(9.05)	\$ 54,222,102	(5.16)

Budget by Categories of Expenditures

	Fiscal Year 2002-2003 Adopted Budget	Fiscal Year 2003-2004 Proposed Budget	% Change	Fiscal Year 2004-2005 Proposed Budget	% Change
Salaries & Employee Benefits	\$ 5,530,008	\$ 6,705,126	21.25	\$ 7,096,747	5.84
Services & Supplies	57,349,608	50,484,630	(11.97)	47,143,985	(6.62)
Expenditure Transfer & Reimbursements	(18,630)	(18,630)	0.00	(18,630)	0.00
Total	\$ 62,860,986	\$ 57,171,126	(9.05)	\$ 54,222,102	(5.16)



Budget by Categories of Revenues

	Fiscal Year 2002-2003 Adopted Budget	Fiscal Year 2003-2004 Proposed Budget	% Change	Fiscal Year 2004-2005 Proposed Budget	% Change
Fines, Forfeitures & Penalties	120,000	120,000	0.00	120,000	0.00
Intergovernmental Revenues	48,355,013	46,396,648	(4.05)	44,701,663	(3.65)
Charges For Current Services	315,000	315,000	0.00	315,000	0.00
Miscellaneous Revenues	495,346	381,346	(23.01)	275,346	(27.80)
Other Financing Sources	9,039,636	6,668,028	(26.24)	4,994,836	(25.09)
General Revenue Allocation	4,535,991	3,290,104	(27.47)	3,815,257	15.96
Total	\$ 62,860,986	\$ 57,171,126	(9.05)	\$ 54,222,102	(5.16)

Administrative Support



Program Description

The Administrative Support program provides support services to the Health and Human Services Agency (HHS), including general management, program development, budget, accounting, claiming, revenue development, procurement, facilities management, contract support oversight, human resource activities, strategic planning and evaluation, legislative analysis, GIS (Geographic Information System) coordination, communications and media coordination, and information technology.

Mission Statement

To provide high quality support services facilitating excellence in the delivery of health and human services to the residents of San Diego County.

2002-03 Accomplishments

Fiscal Stability

- Twenty-seven agencies received \$3.6 million from Federal, State, corporate, and foundation sources through the efforts of the Office of Resource Development.
- Prepared and submitted State Assistance and Administrative Claims by the deadline in order to obtain State revenues and reimbursement (400 State Assistance Claims averaging \$19 million on a monthly basis; 8 County Expense or Administrative Claims averaging \$100 million on a quarterly basis).
- Processed approximately 9,000 contractor claims for reimbursements, all within 15 days of receipt.
- Continued internal review of external contracting policies and procedures, and convened monthly meetings of staff involved in contract management to discuss and improve practices.
- In conjunction with the Department of General Services, surveyed 31% (28 of 91) of Agency sites to determine standard facility maintenance cycles.

- Ensured timely reimbursement to the General Fund averaging \$18.8 million per month from Realignment; \$1.7 million per month from Mental Health; and \$313,347 per month from Tobacco Settlement funds.
- Reduced energy usage across all HHS facilities by 13% over the baseline year of FY 2000-01.
- Linked 100% of Board letters to the County and Agency Strategic Plans to help ensure that resources were allocated to priorities.

Technology

- Completed the migration of desktop computers to a standardized configuration of the Microsoft Windows 2000 operating system with the assistance of the Pennant Alliance.
- Managed the completed transition of over 5,000 employees to the Microsoft Outlook email system.
- Managed the replacement or upgrade of business applications to allow their operation in the Microsoft Windows 2000 environment with the assistance of the Pennant Alliance.
- Coordinated the Pennant Alliance installation of 800 standard office workstations to expand employee access to technology to support their activities.
- Implemented video teleconferencing capabilities at ten major Agency sites.



Administrative Support

- Transformed accounting processes to take advantage of technological improvements afforded by the Oracle Financial Enterprise Resource Planning (ERP) implementation.
- Continued to provide employee trainings for the successful implementation and integration of the Performance Management, Human Resources, and Financial ERP tools.
- Maintained 98% of 60 high priority Agency performance measures, commentary and action plans, in a timely fashion, utilizing the *pbviews* application in support of risk identification and mitigation, and to improve communication of performance results.
- Designed and implemented emPowerSD, the national award-winning website featuring state-of-the-art Geographic Information Systems (GIS) technology to support low-income families seeking employment.
- Improved efficiency of Child Welfare workers by providing 250 Personal Digital Assistants to enter client data from the field.
- Implemented Safe Measures software to enhance Child Welfare management information.

Human Resources Modernization

- Enrolled over 500 Agency staff in the multi-year Frontline Leadership Development Program as part of succession planning and to develop future leadership for the Agency.
- Launched the Mentor Magic program, in which future Agency leaders are paired with executives and managers, and enrolled 130 staff.
- Conducted six Contract Academy training sessions (5-day comprehensive curriculum) to improve contract management skills among Agency staff.
- Updated the Agency's Administrative Manual to reflect the Enterprise Resource Planning releases.

- Completed 1,600 background verifications for new hires within ten working days of receipt of the individual's information.

Regional Leadership

- Issued the 2002 San Diego County Child and Family Health and Well-Being Report Card, providing a snapshot of the overall health and well-being of San Diego's children and families.
- Supported the San Diego Workforce Partnership's successful effort to secure a \$3.1 million grant for workforce development programs in nursing.
- Secured over \$800,000 from the California Endowment and Alliance Healthcare Foundation to fund the Business Healthcare Connection, which works with small businesses and uninsured workers to expand healthcare coverage.

2003-05 Objectives

Strategic Initiative – Kids

- Meet California Welfare Information Network milestones in order to implement this new information system for tracking families receiving welfare services.
- In coordination with the Finance and General Government Group (Office of Strategy & Intergovernmental Affairs), advocate for Temporary Assistance to Needy Families (TANF) Reauthorization legislation that benefits the County of San Diego.
- Obtain funding for the completion of various projects at the San Pasqual Academy, and obtain funding for the completion of various projects at the San Pasqual Academy, and also seek modifications to licensing requirements for this unique project.
- Evaluate the education liaison pilot to improve high school graduation rates for foster children.



- Utilize child welfare data available through the new Safe Measures system to better meet needs of children in the child protective system.
- Explore the use of outcomes based contracting of targeted child welfare services through a pilot project.
- Support the Outreach and Eligibility Subcommittee of the Improving Access to Healthcare (IAH) Project to review and evaluate County data related to meeting performance targets.
- Provide ongoing GIS, performance management, and marketing and media support to special efforts to address self-sufficiency of CalWORKs families and the education of foster youth.

Strategic Initiative – Safe and Livable Communities

- Develop risk communication plan to enhance County preparedness for public health emergencies.
- Support efforts to introduce legislation that would require background checks for In-Home Supportive Services (IHSS) providers, including a screening for financial abuse.
- Support efforts to obtain funding for the reconstruction of the Edgemoor Health Facility.
- Reengineer seven major business processes, including the tracking of fixed assets and invoicing for contracts, to improve efficiencies of operations and reduce staff costs.
- Provide ongoing GIS, performance management, and marketing and media support to special efforts to address emergency preparedness and adult protective services.

Changes from 2002-03 Adopted

Expenditure

The plan for Administrative Support includes reductions and shifts in the utilization of all resources to fund negotiated salary and benefit adjustments due to the

limitations of State and Federal funding. The plan decreases overall expenditures by a net \$22.0 million for Fiscal Year 2003-04. Major changes include:

- \$5.8 million net increase in Salaries and Benefits for negotiated salary and benefit agreements offset by the costs associated with the reduction or transfer of 27.25 staff years.

Net Services & Supplies proposed reduction of \$22.8 million as a result of:

- \$3.4 million increase in Services & Supplies for; Senior Homeless Prevention Transitional Housing, Juvenile Detainees, Emergency Medical Services/First Responder Claims, and Critical Hours
- \$26.2 million decrease in Services & Supplies due to the following:
 - \$ 9.7 million decrease in Information Technology and Telecommunications costs due primarily to completion of one-time projects.
 - \$8.0 million decrease in Contracted Services due primarily to completion of one-time projects and reductions to various contracts necessary to achieve a balanced budget.
 - \$1.5 million Cost Applied reduction of District Attorney costs for Welfare investigation and prosecution due to decrease in some welfare caseloads.
 - \$1.3 million decrease in Special Departmental Expense for the Service Management Access and Resource Tracking Program and facilities management.
 - \$1.3 million decrease in North Central Administration Services and Supplies that were redirected to County Child Welfare Services in Safe Communities.
 - \$1.1 million reduction in Professional and Specialized Services for Strategic planning and evaluation services, Media and Public Affairs web



Administrative Support

development costs and Resource Development's contracts for grant writers, evaluators and researchers due to limited funds available.

- \$1.0 million reduction in Major Maintenance Internal Service Fund (ISF) in Facilities Management Division
- \$1.0 million decrease in Public Liability Insurance Premium, Auto Maintenance and Copy Equipment Rental, Temporary Contract Help and Minor Equipment appropriations due to limited funds available.
- \$0.7 million decrease in Rents and Leases due to cancellation of a planned move of the Kearny Mesa Family Resource Center.
- \$0.6 million decrease in Consultant Contracts due to funding limitations.
- \$5.0 million reduction in Management Reserves due to reductions in State funding and lack of available adjustments for increased costs of doing business in other State Funding Allocations.

Revenue

- Decrease of overall revenues by \$22.0 million for Fiscal Year 2003-04:

- \$10.2 million decrease in Net General Revenue Allocation as established funding is proposed to be redistributed within the Health and Human Services Agency Programs. The decrease in General Revenue allocation is offset by increases in other programs within the Health and Human Services Agency.
- \$7.0 million decrease in budgeted Fund Balance.
- \$1.6 million decrease in budgeted Tobacco Settlement funding.

\$11.8 million is shifted to Safe Communities to better reflect where actual costs are incurred, offset by \$5.9 million increase in anticipated Miscellaneous State Prior-Year Revenue.

Staffing

Net decreases of 27.25 staff years for Fiscal Year 2003-04. Of these proposed reductions, 7.50 staff are in Administrative Support for the reorganization of Countywide Child Welfare Services. The remainder are proposed reductions of administrative staffing commensurate with reductions in service staffing.

Significant Changes in Fiscal Year 2004-05

Fiscal Year 2004-05 is proposed to be \$13.8 million less than Fiscal Year 2003-04 due to shifts in staffing and programs to Safe Communities.



Performance Measures	2002-03 Adopted	2002-03 Estimated Actual	2003-04 Proposed	2004-05 Proposed
Performance reports completed on time	95%	97%	95%	95%
Contracts (sampled) that have monitoring plans that meet required elements	90%	100%	90%	90%
Agency priority performance measures that are refreshed in timely fashion in <i>pbviews</i> application	85%	96%	85% ³	85% ³
Complete and mail State Assistance and Administrative Claims by deadline***	100%	100%	N/A	N/A
New hire background checks that are completed within 10 working days***	90%	96% ¹	N/A	N/A
Reissue an on-line administrative manual to reflect ERP releases***	100%	82% ²	N/A	N/A
Process Contractor claims for reimbursements within 15 days of receipt***	95%	100%	N/A	N/A

***These measures will not be reported in future Operational Plans as the Agency is migrating toward measures that are outcome-oriented and aligned with strategic priorities.

¹In FY 2002-03, 96% of new hire background checks were completed within 10 working days, exceeding the 90% target. This is partially attributed to the Agency having implemented an expedited hiring policy in which individuals are made a conditional offer of employment if they meet certain criterion. A "mini" background check is then performed on these individuals, well within the 10-day target. A full background check is then completed as soon as possible. The statistics reported here capture both the expedited and routine background checks—all performed within 10 working days.

²Policies are not amended until the ERP release is final and any systems problems ("bugs") are resolved. In the HHSA Manual of Policies and Procedures, Human Resources and Performance Management chapters, there are 17 policies that require linkage to ERP processes. Six (6) of the 17 have been completed, and it is anticipated that at least eight (8) more will be completed by the end of the fiscal year, which reflects an achievement of 82% of our target. Progress in completing these administrative manuals is also impacted by the overall ERP schedule.

³The 85% target for the refreshing of measures within the performance management (*pbviews*) application remains the same as the current year target, even though high levels of performance achieved this year (96%) would suggest that the target be raised. A higher target is not being proposed for next year because it is anticipated that maintenance of the automated interfaces by which selected measures will be updated, and turnover of end users who manually enter performance data into the system, will continue to present challenges to maintaining the performance management application.



Administrative Support

Staffing by Program

	Fiscal Year 2002-2003 Adopted Budget	Fiscal Year 2003-2004 Proposed Budget	% Change	Fiscal Year 2004-2005 Proposed Budget	% Change
Agency Executive Office	44.00	21.00	(52.27)	21.00	0.00
Agency Contract Support	—	25.00	(100.00)	25.00	0.00
Central Region	15.00	14.00	(6.67)	14.00	0.00
East Region	8.00	9.00	12.50	9.00	0.00
North Central Region	15.50	8.00	(48.39)	8.00	0.00
North Coastal Region	6.00	6.00	0.00	6.00	0.00
North Inland Region	7.00	7.00	0.00	7.00	0.00
South Region	12.00	11.00	(8.33)	11.00	0.00
Aging and Independence Services	24.00	27.00	12.50	27.00	0.00
Finance	210.00	194.00	(7.62)	194.00	0.00
Human Resources	67.00	66.00	(1.49)	66.00	0.00
Information Technology	13.00	13.00	0.00	13.00	0.00
Office of Public Health	18.00	17.00	(5.56)	17.00	0.00
Policy and Program Support	158.75	153.00	(3.62)	153.00	0.00
Strategy and Planning Division	27.00	27.00	0.00	27.00	0.00
Total	625.25	598.00	(4.36)	598.00	0.00



Budget by Program

	Fiscal Year 2002-2003 Adopted Budget	Fiscal Year 2003-2004 Proposed Budget	% Change	Fiscal Year 2004-2005 Proposed Budget	% Change
Agency Executive Office	\$ 20,769,326	\$ 10,409,269	(49.88)	\$ (6,007,823)	(157.72)
Agency Contract Support	—	2,208,487	(100.00)	2,350,172	6.42
Central Region	1,307,737	1,422,814	8.80	1,493,937	5.00
East Region	1,167,958	1,153,092	(1.27)	1,203,525	4.37
North Central Region	2,994,352	1,078,232	(63.99)	1,092,826	1.35
North Coastal Region	699,142	711,953	1.83	745,199	4.67
North Inland Region	1,016,288	952,996	(6.23)	984,380	3.29
South Region	2,809,613	2,691,982	(4.19)	2,742,539	1.88
Aging and Independence Services	7,326,122	5,354,281	(26.92)	5,412,054	1.08
Finance	25,286,791	23,703,794	(6.26)	24,421,675	3.03
Human Resources	5,169,547	5,725,910	10.76	5,998,209	4.76
Information Technology	25,453,059	18,497,636	(27.33)	18,569,490	0.39
Office of Public Health	2,532,708	2,593,135	2.39	2,722,265	4.98
Policy and Program Support	23,474,710	21,884,437	(6.77)	22,462,218	2.64
Contract Operations	675,587	392,382	(41.92)	454,764	15.90
Strategy and Planning Division	3,616,069	3,412,151	(5.64)	3,744,275	9.73
Total	\$ 124,299,009	\$ 102,192,551	(17.78)	\$ 88,389,705	(13.51)

Budget by Categories of Expenditures

	Fiscal Year 2002-2003 Adopted Budget	Fiscal Year 2003-2004 Proposed Budget	% Change	Fiscal Year 2004-2005 Proposed Budget	% Change
Salaries & Employee Benefits	\$ 37,078,735	\$ 42,884,772	15.66	\$ 35,269,544	(17.76)
Services & Supplies	81,820,592	59,012,825	(27.88)	52,825,207	(10.49)
Other Charges	74,574	74,574	0.00	74,574	0.00
Fixed Assets Equipment	245,380	220,380	(10.19)	220,380	0.00
Management Reserves	5,079,728	—	(100.00)	—	(100.00)
Total	\$ 124,299,009	\$ 102,192,551	(17.78)	\$ 88,389,705	(13.51)

Administrative Support



Budget by Categories of Revenues

	Fiscal Year 2002-2003 Adopted Budget	Fiscal Year 2003-2004 Proposed Budget	% Change	Fiscal Year 2004-2005 Proposed Budget	% Change
Fund Balance	10,000,000	3,000,000	(70.00)	—	(100.00)
Licenses Permits & Franchises	—	65,120	(100.00)	65,120	0.00
Intergovernmental Revenues	70,314,334	58,437,516	(16.89)	58,267,696	(0.29)
Charges For Current Services	212,487	32,487	(84.71)	32,487	0.00
Miscellaneous Revenues	2,346,467	8,334,187	255.18	7,928,267	(4.87)
Other Financing Sources	31,380,644	32,642,161	4.02	33,342,161	2.14
General Revenue Allocation	10,045,077	(318,920)	(103.17)	(11,246,026)	3,426.28
Total	\$ 124,299,009	\$ 102,192,551	(17.78)	\$ 88,389,705	(13.51)